

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-1561 477

SL 31562

63-046044

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

FILED DEC - 2 1963

1003

11618

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 132 days		c. CITY OR TOWN Wentzville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 309 Wilson				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN T. SIMMS			4. DATE OF DEATH Month Day Year November 24 1963			5. SEX Male			6. COLOR OR RACE Negro		
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>			8. DATE OF BIRTH 4/7/95			9. AGE (last birthday) 68			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		
11a. FATHER'S NAME Richard Simms			13b. MOTHER'S MAIDEN NAME Eliza Morton			14. NAME OF HUSBAND OR WIFE Buelah Simms			12. CITIZEN OF WHAT COUNTRY USA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1			16. SOCIAL SECURITY NO. [REDACTED]			17. INFORMANT Buelah Simms (Wife), Same add. as 2.			18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction DUE TO (b) Arteriosclerotic Cardiovascular Disease DUE TO (c) 4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)							
20c. TIME OF INJURY Hour a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 7/15/63 to 11/24/63 and last saw him alive on 11/24/63		Death occurred at 6:10 A. M.		on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Charles B. MANDY				22b. ADDRESS VAH, ST. LOUIS, MO.				22c. DATE SIGNED 11/24/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11-27-63		23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery		23d. LOCATION (City, town, or county) Wentzville, Mo.		23e. DATE RECD. BY LOCAL REG. NOV 25 1963			
24. FUNERAL DIRECTOR Pitman Funeral Home, Wentzville, Mo.		25. DATE RECD. BY LOCAL REG. NOV 25 1963		26. REGISTRAR'S SIGNATURE Earl Smith. M.D.							

MAR 23 1964

DEC 12 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Larlon J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.